

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091389782

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1	1			
4		1	1			
5		1	1			
6		1	1			
7	1		1			
8	1		1			
9		1	1			
10		1	1			
11		1	1			
12		1	1			
13	1		1			
14		6	1			
15		6	1			
16		0	1			
17		0	1			
18		2	1			
19		6	1			
20		6	1			
21			1	1		
22				1		
23				1		
24				1		
25				1		
26			1			
27				1		
28				1		
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TOTAL IND.	4		2			
TOTAL DEP.	37		14			
TOTAL CLAIMS	41		16			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						